

## VERMONT CAREGIVER REGISTRATION FORM

*Complete for Group 1: Counseling, Support Group, Training, Respite Care & Supplemental Services.*

<b>Caregiver Information (SAMS/Client Details/General):</b>		
<b>Last Name:</b>	<b>First Name:</b>	
<b>Date:</b>	<b>Marital Status:</b>	
<b>Gender: M   F</b>	<b>Date of Birth:</b>	
<b>SS# (Last 4 Digits):</b>		
<b>Home Phone:</b>	<b>Work Phone:</b>	
<b>Residential Address:</b>		
<b>Town:</b>	<b>State:</b>	<b>Zip:</b>
<b>Mailing Address (if different):</b>		
<b>Town:</b>	<b>State:</b>	<b>Zip:</b>
<b>NAPIS Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown	<b>NAPIS Ethnic Race:</b> <input type="checkbox"/> Am Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Missing <input type="checkbox"/> Native Hawaiian/Other Pacific Is. <input type="checkbox"/> Non-minority (white non-hispanic) <input type="checkbox"/> Other <input type="checkbox"/> White-Hispanic	
<b>Comments:</b>		
<b>E-mail Address:</b>		
<b>Referred by:</b>		
<b>AAA Contact (SAMS/Details/Contacts:</b>		
<b>Care Program (SAMS/Details/Care):</b> Family Caregiver Support Program Title III-E		
<b>Care Recipient Information (SAMS/Details/Care Recipients):</b>		
<b>First Name:</b>	<b>Last Name:</b>	
<b>SS# (Last 4 Digits):</b>	<b>Date of Birth:</b>	
<b>Relationship of Caregiver to Care Recipient:</b>		